



Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219

www.dmas.virginia.gov

MEDICAID MEMO

TO: All Providers and Managed Care Organizations (MCOs)
participating in the Virginia Medical Assistance Program

FROM: Patrick W. Finnerty, Director
Department of Medical Assistance Services (DMAS)

MEMO Special
DATE 12/30/2005

SUBJECT: Upcoming Changes to the Processing of Medicare "Crossover" Claims

The purpose of this memorandum is to inform providers that the Centers for Medicare & Medicaid Services (CMS) are in the process of implementing a consolidation of the Medicare crossover claims process. Under the CMS consolidated crossover process, trading partners, including state Medicaid agencies such as DMAS, will no longer have to sign separate agreements with individual Medicare contractors in order to receive Medicare paid claims data for the purpose of calculating their secondary payment liability.

The new Coordination of Benefits Agreement (COBA) Program establishes a nationally standard contract between CMS and other health insurance organizations that defines the criteria for transmitting enrollee eligibility data and Medicare adjudicated claim data. CMS is transferring the claims crossover functions from individual Medicare contractors to a national claims crossover contractor, the Coordination of Benefits Contractor (COBC). This consolidation will create a national repository for COBA information.

The COBA crossover consolidation initiative was implemented on a small scale (a parallel-production pilot test) on July 6, 2004. At that time, 10 COBA trading partners began serving as beta-site testers for the COBA pilot test. In July 2005, Virginia Medicaid began testing with the COBC. It is the intention of DMAS to convert to the COBA crossover consolidation on January 23, 2006.

When the COBA crossover consolidation is in place, DMAS will receive electronic Medicare crossover claims only from the COBC. The COBC will receive claims from all of the Medicare carriers and intermediaries, format them into HIPAA-compliant (The Health Insurance Portability and Accountability Act of 1996) electronic claims, and forward them to DMAS.

Currently, DMAS only receives electronic crossover claims from the following carriers and intermediaries:

- United Government Services
- AdminaStar Federal
- Palmetto GBA
- Trailblazer Health Enterprises, Part A
- Trailblazer Health Enterprises, Part B

Under the consolidated crossover process, DMAS will continue to receive electronic crossover claims for the carriers and intermediaries mentioned above as well as begin to receive crossover claims for all other carriers and intermediaries that receive Medicare claims for Virginia Medicaid recipients.

Medicaid providers will not need to do anything different when submitting Medicare claims for Medicaid recipients. All Medicare claims submitted to any carriers or intermediaries will automatically cross over to Medicaid. If DMAS has the correct Medicare vendor number on file, a provider will not need to submit a paper Medicare claim to DMAS.

However, when Medicaid processes crossover claims, DMAS must be able to match the Medicare vendor number to a valid Medicaid provider number. A Medicare vendor number can only be associated with one Medicaid provider number. In order for the crossover process to work correctly, the Medicare vendor number on the Medicare claim must be associated with the correct Medicaid provider number.

If a provider has not previously submitted its Medicare vendor number to Virginia Medicaid, the provider should complete the Request for Title XVIII (Medicare) Information Form and mail or fax the form to the DMAS fiscal agent, First Health Services Corporation - Provider Enrollment Unit, as soon as possible. The form (see attachment) may be copied for multiple enrollments, and providers are requested to submit a form for each Medicaid provider number.

Submitting this form will ensure that provider Medicare claims are automatically crossed over to Virginia Medicaid and will reduce the burden of submitting paper claims.

If a provider is unsure whether its vendor number is known by DMAS or if it is associated with the correct Medicaid provider number, DMAS encourages such a provider to call the First Health Services Corporation - Provider Enrollment Unit or DMAS HELPLINE to verify that the information on file is correct.

To contact the First Health Services Corporation - Provider Enrollment Unit, call:

1-888-829-5373 (in-state)
1-804-270-5105 (out-of-state)

Mail or fax the Request for Title XVIII (Medicare) Information Form to:

First Health Services Corporation
Provider Enrollment Unit
P.O. Box 26803
Richmond, VA 23261-6803

Fax: 1-804-270-7027

Additional information concerning the new COBA Program can be obtained from the CMS website at the following address: <http://www.cms.hhs.gov/medicare/cob/coba/coba.asp>.

ELIGIBILITY AND CLAIMS STATUS INFORMATION

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

COPIES OF MANUALS

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov. Refer to the Provider Column to find Medicaid and SLH (State and Local Hospitalization Program) Provider Manuals or click on "Medicaid Memos to Providers" to view Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates requested.

"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

PROVIDER E-NEWSLETTER SIGN-UP

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at www.dmas.virginia.gov/pr-provider_newletter.asp.

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.

Attached Number of Pages: (1)



REQUEST FOR TITLE XVIII (MEDICARE) INFORMATION

Medicare crossover payment information is an exchange of claim information between Medicare and Medicaid. If the Medicaid enrollee has Medicare as their Primary/Secondary carrier, the Medicare information is transferred to Medicaid for remaining payment, thus eliminating the need for claim submission. First Health Services is requesting information from you to automate the payment of claims paid by Medicare for Recipients that are also eligible under the Virginia Medical Assistance Program. Please indicate your Medicare number, if you have been assigned one, by your Medicare intermediary. You will not be reimbursed for Medicare crossover claims unless you supply this number. The Medicare number you indicate below will be the number that Medicaid will use to reimburse you for Medicare crossover claims. Please allow 30 days for processing of the Medicare Information Form and commencement of automated Medicare crossover.

PROVIDER NAME _____

MEDICAID PROVIDER NUMBER _____
LEAVE BLANK, IF NUMBER PENDING

MEDICARE CARRIER _____

MEDICARE PROVIDER NUMBER _____

TELEPHONE # _____

SIGNATURE _____ **DATE** _____

Please return the completed form to:

**First Health
VMAP-PEU
PO Box 26803
Richmond, Virginia 23261-6803**

804-270-7027 (Fax)